

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	94		
<b>O.I.P.E. CLASSIFIER</b>	10	4-11-00	
<b>FORMALITY REVIEW</b>	11	4-9-00	
<b>RESPONSE FORMALITY REVIEW</b>	12	4-13-00	

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5/10/01
1	5/10/01
2	5/10/01
3	5/10/01
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50	5/10/01

Claim	Date
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If more than 150 claims or 10 actions  
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